

00000571746

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

☐ Amendment

Last Name SAUER		First Name and Middle Initial ANN ELISE		New Employee Report Date of Employment (mm/dd/yy): 02/21/2012		Senate Office / Agency in Which Employed ARMED SERVICES COMM.	
Senate/Candidate Office Address (Number, Street, City, State, and ZIP) SR 228 RUSSELL SENATE WASHINGTON, DC 20510		Senate/Candidate Office Telephone No. 202-224-4928		Candidate Report Commencement of Candidacy (mm/dd/yy):		State in which you are a candidate	
						Candidate Reporting Period	

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

	YES	NO		YES	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

FOR OFFICIAL USE ONLY
Do Not Write Below this Line

Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Signature of Reporting Individual 	Date (Month, Day, Year) April 18, 2012
---	--	--

For Official Use Only - Do Not Write Below This Line

It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)
---	---------------------------------	-------------------------

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
12 APR 19 PM 2:10

all

Reporting Individual's Name SAUER, ANN ELISE		<input type="checkbox"/> Amendment		PART II. EARNED AND NON-INVESTMENT INCOME		Page Number 1	
<p>Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.</p> <p>Individuals not covered by the Honoraria Ban: For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.</p>							
Name of Income Source		Address (City, State)		Type of Income		Amount	
Example:	JP Computers	Wash., DC	EXAMPLE	Salary	\$15,000		
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary	Over \$1,000		
1	LOCKHEED MARTIN CORPORATION	BETHESDA, MD		SALARY + BONUS, VESP PMT	\$ 660,390		
2	LOCKHEED MARTIN CORPORATION	BETHESDA, MD		DEFERRED COMP	\$ 769,574		
3	LOCKHEED MARTIN CORPORATION	BETHESDA, MD		RETIREMENT PAY, NCL LUMP SUM	\$ 232,872		
4	BAE SYSTEMS, N.A. INC	ARLINGTON, VA		CONSULTING FEES	\$ 55,000		
5	VA STATE TAX REFUND			TAX REFUND	\$ 2,984		
6							
7							
8							
9							
10							
11							
12							
13							

Reporting Individual's Name

☐ Amendment

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

2

SAUL ANN ELISE

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C
Type and Amount of Income

Type of Income

Amount of Income

Example: S, IBM Corp. (stock)
or J (S) Keystone Fund

1 WRIGHT PATMAN CONG. FCU

2

3

4

5

6

7

8

9

10

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.



*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES														Page Number																		
Am E. Sauer		4																																
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		At the close of reporting period. If None, or less than \$1,001, Check the first column.										Type and Amount of Income																						
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example: S, DC, or J	IBM Corp. (stock)			X										X							Example	X										Example		
	(S) Keystone Fund				X													X			Example	X										Example		
1	Columbia Acorn Int'l - LAIAX	X												X									X											
2	Fidelity Mid Cap II - FIIAX	X																X				X												
3	Fidelity Adv. Float - FFRAX		X											X								X												
4	Fidelity Muni Inc - FAMUX		X											X								X												
5	Fidelity Insights - FNIAX		X											X				X				X												
6	Franklin Rise Divs - FRDPX	X												X								X												
7	Franklin VA TaxFree Inc - FRVAX		X											X								X												
8	MFS E/MK Debt - MEDAX		X											X								X												
9	MFS Muni Inc - MMHYX	X												X								X												
10	Oppenheimer Equity Inc - OAEIX		X											X								X												

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name Ann E. Sauer		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															Page Number 5							
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p. 3, <i>CONTENTS OF REPORTS Part B of Instructions</i>) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, Check the first column.							BLOCK C Type and Amount of Income															
									Type of Income								Amount of Income							
									None Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified Blind Trust Other (Specify Type)								None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000***							Actual Amount Required if "Other" Specified
Example: S, IBM Corp. (stock) or J (S) Keystone Fund									Example X Example X								Example X Example X							Example Example
1 Oppenheimer Int'l Div-DIDAX									X								X							
2 Oppenheimer Dev. Mkts - ODMAX		X							X								X							
3 Templeton Global Bond-TPINX		X							X								X							
4 Legg Mason W/A Mgd - SHMMX		X							X								X							
5 Royce Dividend Value - RYDXX		X							X								X							
6 John Hancock Global Sh. - JGYAX		X							X								X							
7 Eaton Vance Glob Mac A/R - EAGMX		X							X								X							
8 BlackRock Glob Dividends - BABDX		X							X								X							
9 DWS Sel Alt - SELAX		X							X								X							
10 Virtus Multi Sector Stream - NARAX		X							X								X							
EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. *** This category applies only if the asset was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.																			<input type="checkbox"/>					

Reporting Individual's Name <i>Ann E. Sauer</i>		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															Page Number <i>8</i>													
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets								BLOCK C Type and Amount of Income																				
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child. (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		At the close of reporting period. If None, or less than \$1,001, Check the first column.								Type of Income								Amount of Income							Actual Amount Required if "Other" Specified					
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
S.	IBM Corp. (stock)				X					X							Example	X											Example	
or J	(S) Keystone Fund				X									X			Example	X										Example		
1	IRA Templeton Glb Bond - TPINX	X												X				X												
2	IRA Blackrock Glb Alloc - MDLOX	X												X				X												
3	IRA Fidelity Emg Local - PELAX	X								X								X												
4	IRA Dws Sel Alt - SELAX		X							X									X											
5	IRA Virtus Mkt Strm - NARAX		X							X									X											
6	IRA Federated Prudent Bear - PSAFX	X								X								X												
7	IRA Putnam A/RET 300 - PTRNX		X							X								X												
8	IRA JH DsPLD VAL - JVLAX		X										X					X												
9	IRA Columbia Rec YNFR - RRIAX	X											X					X												
10	IRA Compass Alt Strat - CAIAX		X							X								X												

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

☐

Reporting Individual's Name

☐ Amendment

SAUER, ANN ELISE

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

9

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY	EXAMPLE	Non-profit education	President	6 / 91
	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7 / 96
1	LOCKHEED MARTIN CORP.	BETHESDA, MD	GOVT. CONTRACTOR	VICE PRESIDENT	5/2000	1/2011
2	ANN ELISE SAUER, LLC	LONDON, VA	INFO. CONSULTANT	OWNER	8/2011	2/2012
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Compensation in excess of \$200 from any position must be reported in Part II.

Reporting Individual's Name SAUER, ANN ELISE	<input type="checkbox"/> Amendment	PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	Page Number 10
--	------------------------------------	---	--------------------------

FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services EXAMPLE
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction EXAMPLE
1	LOCKHEED MARTIN CORP.	BETHESDA, MD	GOVT AFFAIRS, POLICY, & BUDGET
2	ANN ELISE SAUER, LLC	LONDON, VA	INFORMATION SERVICES
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			